| | | | | | | E 1 10 1 | | | | |
|---|---|--|---------------|-------------------------------|------------------------|--------------------------------------|-------------------|----------------------------|--|-----------------------|
| 7 | | | | | | Federal Box 1 | S0C. S | Sec. Box 3 & 7 | Medicare Box 5 | |
| To the right is information which shows your total wages by | | | | Gross Wages | | 110651.00 | 1: | 10651.00 | 110651.00 | |
| W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages. | | | | Txbl Benefits Group Term Life | | 55.00 162.75 | | 55.00 162.75 | 55.00 162.75 | |
| | | | | Adoption | | 102.73 | | 102.73 | 102.73 | |
| of the | letter codes used in b | se forms, including an explana oox 12, are available on a | Deferred Comp | | (5000.00) | | | | | |
| separate document. | | | | Section 125 | a Limaik | (2428.44) | (| 2428.44) | (2428.44) | |
| | | | | Other Pretax/Wag W-2 Wages | ge Limit | 103440.31 | 10 | 08440.31 | 108440.31 | |
| | | | | W E Mages | | 100110101 | - | 00110151 | 100 . 10151 | |
| | | b Employer identification number (EIN | 1) | d Control number | | | | | | |
| | e's social security number 0-0819 | 37-1737818 | , | 000067682901 | 1. 7 | | | | OMB | No. 1545-0008 |
| c Employer | 's name, address, and ZIP co | de | | | 1 Wages, tips | , other compensation | | 2 Federal incom | ne tax withheld | |
| | r Interactive US LLC | | | | 3 Social secu | | 440.31 | 4 Social securit | u tav withhold | 16609.31 |
| Suite | | | | | 3 30ciai secc | | 440.31 | 4 Social Securit | y tax withheld | 6723.30 |
| Los Ar | ngeles CA 90045 | | | | 5 Medicare w | ages and tips | | 6 Medicare tax v | withheld | |
| e Employee | s first name and initial | Last name | Sut | ff. | 7 Casial assu | | 440.31 | 9 Allegated time | | 1572.38 |
| Srilekl | hya Sierra Glen Circle | Bellamkonda | | | 7 Social security tips | | | 8 Allocated tips | | |
| | NC 27502 | | | 9 | | | 10 Dependent c | are benefits | | |
| USA | | | | | 44 Name = 165 | ad alama | | 40.0 | | |
| f Employee | 's address and ZIP code | | | | 11 Nonqualifi | eu pians | | Code C | ctions for box 12 | 162.75 |
| 15 State | Employer's state ID Number | 16 State wages, tips, etc. | 17 State in | ncome tax | | ory Retirement Thin | rd-party k Pay | 12b Code D | | 5000.00 |
| NC | 601424468 | 103440.31 | | 4500.00 | | , | | 12c | | 3000.00 |
| 18 Local wa | ages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code DD | | 19622.82 |
| | | | | | | | | Code | | |
| | | | | | | | | | | |
| Form W-2 Copy C—Fo | Wage and Tax Statemen r EMPLOYEE'S RECORDS | t | | 2023 | | This information is bein | | | reasury — Internal Service. If you are requir | |
| | | | | | n | egligence penalty or oth | er sanction may | be imposed on you | if this income is taxable | and you fail to repor |
| - F | | b Employer identification number (EIN | n. | d Control number | | | | | | |
| | e's social security number 0-0819 | 37-1737818 | , | 000067682901 | | | | | OMB | No. 1545-0008 |
| c Employer | 's name, address, and ZIP co | de | | | 1 Wages, tips | s, other compensation | | 2 Federal incom | ne tax withheld | 16600.01 |
| Betfair Interactive US LLC 6701 Center Dr. W | | | | | | 103440.31 3 Social security wages | | | 16609.3 4 Social security tax withheld | |
| Suite | 1000 | | | | | | 440.31 | | , | 6723.30 |
| LOS AI | ngeles CA 90045 | | | | 5 Medicare w | ages and tips | | 6 Medicare tax v | withheld | |
| e Employee's first name and initial Last name Suff. Srilekhya Bellamkonda 1442 Sierra Glen Circle | | | | ff. | 7 Social secu | | 440.31 | 8 Allocated tips | | 1572.38 |
| | | | | | 7 Social security tips | | | o Allocated tips | | |
| Apex NC 27502 USA | | | | 9 | | 10 Dependent care benefits | | | | |
| | | | | | 11 Nonqualifi | ed plans | | 12a See instru | ctions for box 12 | |
| f Employee | 's address and ZIP code | | | | | | | Code C | | 162.75 |
| | Employer's state ID Number | | 17 State in | ncome tax | 13 Statuto emplo | ory Retirement This yee plan sick | rd-party k Pay | 12b Code D | ı | 5000.00 |
| NC | 601424468 | 103440.31 | | 4500.00 | |) x [| | 12c | | |
| 18 Local wa | ages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code DD | | 19622.82 |
| | | | | | - | | | Code | | |
| Farm W 2 | Wage and Tax Statemen | | | | | | Dens | ertment of the T | reasury - Internal | Rovenue Servi |
| | Be Filed With Employee's FE | | | 2023 | | | Борс | aranone or allo 1 | rododry miorna | revenue corvi |
| | | | | | | | | | | |
| a Employee | e's social security number | b Employer identification number (EIN | 1) | d Control number | | | | | | |
| 668-4 | 0-0819 | 37-1737818 | | 000067682901 | 1 | | | | | No. 1545-0008 |
| c Employer | 's name, address, and ZIP co | de | | | 1 Wages, tips | s, other compensation | on 440.31 | 2 Federal incom | ne tax withheld | 16609.31 |
| Betfair Interactive US LLC 6701 Center Dr. W | | | | 3 Social secu | | | 4 Social securit | y tax withheld | | |
| Suite | 1000 ngeles CA 90045 | | | | | 108 | 440.31 | | | 6723.30 |
| LOS AI | igeles en 30045 | | | | 5 Medicare w | ages and tips | 440.21 | 6 Medicare tax | withheld | 1572.20 |
| | s first name and initial | Last name | | | 7 Social secu | | 440.31 | 8 Allocated tips | i | 1572.38 |
| | Sierra Glen Circle | Bellamkonda | | | | | | 40 Daniel Latera i 27 | | |
| Apex NC 27502 USA | | | | | 9 | | | 10 Dependent care benefits | | |
| | | | | | 11 Nonqualifi | ed plans | | 12a See instru | ctions for box 12 | |
| f Employee | 's address and ZIP code | | | | | | Code C | | 162.75 | |
| 15 State NC | Employer's state ID Number 601424468 | 16 State wages, tips, etc. 17 State in 103440.31 | | ncome tax 4500.00 | 13 Statuto | ory Retirement Thin | rd-party k Pay | 12b Code D | | 5000.00 |
| | | | | -500.00 | [|) X [| | 12c | | 10622.02 |
| 18 Local wa | ages, tips, etc. | 19 Local income tax | 20 Localit | ty name | 14 Other | | | Code DD 12d | | 19622.82 |
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Department of the Treasury - Internal Revenue Service